SPECIAL POWER OF ATTORNEY

The purpose of this document is to designate a person as your agent to transact business relating to your Thrift Savings Plan (TSP) account. The person you designate need not be an actual attorney, but will have what is known as a "power of attorney" to act on your behalf. You may revoke this power of attorney in writing later if you wish.

If there is anything about this power of attorney that you do not understand, you should ask a lawyer to explain it to you. To make this document official, you must sign it — or acknowledge having signed it — in the presence of a notary public.

Assignment of the Power of Attorney

A TSP participant, his or her spouse, or his or her beneficiary may complete this section. **Please type or print.**

I, _____ of _____ do hereby grant a
    First name   Middle initial   Last name   City   State

special power of attorney to _____ of _____
    First name   Middle initial   Last name   City   State

and hereby appoint this person as my true and lawful agent to act for me in any lawful way that I myself might act.

This power of attorney relates to the TSP account of _____
    Participant's first name   Middle initial   Last name

whose Social Security number is _____ – _____ – _____ , with respect to:

*(To grant a power, you **must initial** the box in front of that power.)*

    ☐ obtaining information about this TSP account.

    ☐ borrowing or withdrawing funds from this TSP account.

    ☐ taking any other action(s) relating to this TSP account.

This power of attorney will not be affected if I subsequently become disabled, incapacitated, or incompetent. It is effective immediately, and, unless revoked or terminated by me earlier in writing, will expire on

_____ *(If no date applies, write "indefinite.")*
Month/day/year

Your signature: _____ Date: _____
    Month/day/year

Statement of Notary Public

A notary public must complete this section. **Please type or print.**

This document granting a power of attorney was signed, or acknowledged to have been signed, before me

on _____ by _____ ,
    Month/day/year   First name   Middle initial   Last name

who is personally known to me or has properly identified himself/herself to me.

_____   _____
Jurisdiction   (County)   (State)   Notary public's signature

    SEAL   My commission expires: _____
    Month/day/year